



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Ashkenazi, et al. Docket No.: 39780-1618P2C39
Serial No.: 09/904,992 Group Art Unit: 1636
Filing Date: July 12, 2001 Examiner: Leffers, Jr., Gerald G.
For: **SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND NUCLEIC ACIDS ENCODING THE SAME**

RECEIVED

MAIL STOP: No-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

JUN 02 2003

TECH CENTER 1600/2900

TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☐ Amendment and Response to Office Action;
 - ☐ Supplemental Information Disclosure Statement;
 - ☐ Supplemental PTO Form 1449 with three (3) cited references;
 - ☐ Copy of Blast Report A & B;
 - ☐ Authorization to charge Deposit Account No. 08-1641 in the amount of \$180 for the filing fee for the Supplemental IDS/PTO Form 1449.

STATUS

- ☐ Applicant is
- ☐ a small entity
 - ☐ other than a small entity.

EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 410.00	\$205.00
<input type="checkbox"/> three months	\$ 930.00	\$465.00
<input type="checkbox"/> four months	\$1,445.00	\$725.00

Fee \$ _____

CERTIFICATE OF MAILING (37 CFR 1.10(a))

CERTIFICATE OF MAILING BY "EXPRESS MAIL" - Rule 10: I hereby certify that this correspondence is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 as **Express Mail No. EV346728076US** addressed to: Mail Stop: No-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: May 27, 2003

Cheryl Ann Rogers
Cheryl Ann Rogers

FEE FOR CLAIMS

- ☐ If an additional extension of time is required please consider this a petition therefor.
- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

- ☐ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)					(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment					Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee	Rate	Addit. Fee	
Total *					Minus *0*		20 = 0		x9=	\$	x18=	\$	
Indep. *					Minus *0*		3 =		x40=	\$	x80=	\$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									+130=	\$	x260=	\$	
									TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$

- ☐ No additional fee for claims required.
- ☐ Total additional fee for claims required \$_____.

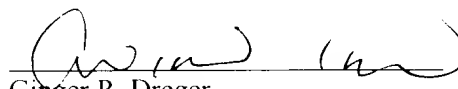
FEE PAYMENT

- ☐ Attached is a check in the sum of \$_____ for additional claims fee.
- ☐ Charge Account No. 08-1641 the sum of \$180.00 for Supplemental IDS/PTO Form 1449 filing fee.

FEE DEFICIENCY

- ☐ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-1641. A duplicate of this authorization is enclosed for that purpose.
- ☐ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: May 27, 2003


 Ginger R. Dreger
 Reg. No. 33,055

HELLER ERHMAN WHITE & McAULIFFE LLP

Customer No. 35489

275 Middlefield Road

Menlo Park, CA 94025

Telephone: (650) 324-7000

Facsimile: (650) 324-0638